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HEALTH SAVINGS ACCOUNT ENROLLMENT

You cannot have other medical insurance and participate in an H S A Plan.

The City of Hickory has partnered with the Local Government Federal Credit Union to assist the employees in the management of the Health Savings Accounts.

Please take this form and the requested information: name, date of birth, social security number, current mailing address for you and the beneficiary named on the account to the LGFCU office when enrolling. You do not have to be a member of the LGFCU to participate in the Health Savings Account.

If you currently have a Health Savings Account with another bank and wish to move funds to the LGFCU, please take a copy of the last statement received from that bank.

Policy Period		arrier	Coverage Tier	
July 1, 2015 – June 30,	2016 B	CBSNC	Employee_	Employee + Dependent/s
Deductible Employee Dependents	In Netwo \$1500 \$3000	rk Out of Netwo \$3000 \$6000	rk Out	of Pocket Limit (In & Out) \$4000 \$7000
Initial Deposit Amount Employee Contribution City of Hickory Contribu	•	•	_\$210.00 Q	uarterly_
The city contribution is the amount of \$210.00	•			the beginning of each quarter in
When enrollment is con the City of Hickory Hum		•	•	unt number to be shared with
Print Name on Account		Signature		Daytime Phone
Pouting Number			Acco	aunt Number

For questions, please contact Teresa Cline at LGFCU 828-327-2121 or City of Hickory Human Resources Maxine Honeycutt 828-323-7446 or April Reese 828-323-7443.